



# Information Bulletin for Primary Care Network Providers



April 2005

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## PCN BULLETINS BY TYPE OF SERVICE

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### Notice: Current PCN Manual On-Line

The current Utah Primary Care Network Provider Manual is on-line at <http://health.utah.gov/medicaid/pdfs/pcn.pdf>. Providers can obtain a copy of an updated page, or the entire PCN Manual, on the web site or by contacting Medicaid Information. The revision date of each page is at the top of the page. A change is typically marked in the left margin of the page with a vertical line.

There is a link to the PCN Manual on the Medicaid Provider's web site:  
<http://health.utah.gov/medicaid/provhtml/provider.html>. The link is at the bottom of the Provider's web page.

**This bulletin is available in editions for people with disabilities.**

**Call Medicaid Information:  
538-6155 or toll free 1-800-662-9651**

PCN web site: <http://health.utah.gov/pcn>  
**PCN Information**  
- Salt Lake City area, call 538-6155.  
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.  
- From other states, call 1-801-538-6155.

Medicaid web site: <http://health.utah.gov/medicaid>  
**Requesting a publication?**  
Send a Publication Request Form.  
- by FAX: 1-801-536-0476  
- by mail to: Division Of Health Care Financing  
Box 143106, Salt Lake City UT 84114-3106

## 05 - 30 PCN Provider Manual, Pharmacy Services, Updated

PCN Provider Manual, Chapter 2-6, Pharmacy Services on page 10, has been updated. The update clarifies the exclusions for specially formulated products, and the list for drugs with cumulative monthly amounts has been enlarged and updated to include drugs previously not listed. The online version of the PCN Provider Manual on the Medicaid Website <http://health.utah.gov/medicaid> includes this revision.

For your convenience, below is the revised text for changes in Chapter 2-6. The clarifications are underlined in the text:

### 2-6 Pharmacy Services

#### 2. Exclusions and Restrictions

- A. No duplicate prescription will be paid by Medicaid for lost, stolen, spilled or otherwise non usable medications.
- B. No injectable products are available for payment by Medicaid except for 10 ml vials of Insulin.
- C. Compounded prescriptions are not covered.
- D. Drugs are covered for labeled indications only.
- E. Rapidly dissolving tablets, lozenges, suckers, pellets, patches, or other unique formulations or delivery methodologies are NOT available, except where the specific medication is unavailable in any other form (Duragesic and Actiq - see chapter 2 - 6.3, Cumulative amounts). Patches are NOT reimbursable.
- F. Cosmetics, weight gain or loss products are not covered.
- G. No vitamins or minerals are covered, except for pregnant women.

#### 3. Cumulative monthly amounts are determined for the following drugs:

- a. Celebrex - 60
- b. Bextra - 30
- c. Carisoprodol (Soma) - 120
- d. Sedative-Hypnotics - 30
- e. Oral APAP/narcotic combinations - 180
- f. Methadone, any strength - 150
- g. Actiq - 120
- h. Duragesic 25, 50, & 75 mcg - 15
- i. Morphine long acting formulations, any strength - 90
- j. Oxycontin or generic, any strength - 90
- k. PPIs - 31 with prior approval for override.
- l. Stadol NS - 10 ml (4 vials)
- m. Tryptans (for migraine headache) - 9
- n. Ultram and generics - 180
- o. Ultracet 180 (focus on APAP, therefore included in oral APAP/narcotic 180 cumulative limit)
- p. Viagra, Cialis, Levitra - 5
- q. Miralax - 1054 gm
- r. Lactulose - 1800 ml

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**05 - 31 PCN Provider Manual, Drug Criteria and Limits List, Updated**

PCN Provider Manual, Drug Criteria and Limits list attachment, has been updated. This update removes drugs which the Primary Care Network (PCN) does not cover (i.e. injectable medications), and removes old, delinquent, or duplicated information. New Criteria for Over Active Bladder Anti-Spasmodics Long Acting Formulations has been added. Information that should be included under the cumulative quantities sections has been moved to that section. A "Prescription Limits" table that does not pertain to the PCN Program has been deleted. The online version of the PCN Provider Manual on the Medicaid Website <http://health.utah.gov/medicaid> includes these updates.

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**05 - 32 PCN Provider Manual, OTC List Updated and Included with Attachments**

The Medicaid list of Over the Counter (OTC) Drugs covered has been updated and will be included with future manuals. It will continue to be included with the online versions on the Medicaid Website at <http://health.utah.gov/medicaid>.

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**05 - 33 PCN Provider Manual, Services Verification Added**

PCN Provider Manual, Section 1 Services heading on page 2, has added an explanation of the yellow Primary Care Network identification card that is issued to each qualified recipient for verification purposes.

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**05 - 34 Methadone and Long-Acting Opioid Analgesics - Therapeutic Duplication Not Allowed**

The Drug Utilization Review Board has determined that duplicating therapies between Methadone and other Long-Acting Opioid analgesics will not be allowed under PCN, effective April 1, 2005. Overlapping claims utilizing both therapies will deny for payment.

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